

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: MARTINEZ ROJAS, GLADYS E.

Participant's Address: 119 URB. LAS CAROLINAS/AGUAS R.R.

Participant's Email Address: glamar13579@gmail.com

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 88295

Nature of Claim: Pension / Retiree Claim

By: Gladys E. Martinez Rojas

Signature

Gladys E. Martinez Rojas

Print Name

N/A

Title (if Participant is not an individual)

11/02/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Marisol Vega Rodriguez

Participant's Address: 1702 calle San Esteban Urb. San Ignacio

Participant's Email Address: melody\_64@live.com

Name of Counsel: —

Address of Counsel: —

Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 85750

Nature of Claim: Pension / Retiree claim

By: Marisol Vega Rodriguez

Signature

Marisol Vega Rodriguez

Print Name

—  
Title (if Participant is not an individual)

3 noviembre 2021

Date



**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Yadira Torres Caraballo

Participant's Address: B-18 Calle Camelia Alturas del Cafetal

Participant's Email Address: lucyanlucy401@yahoo.com

Tauco PR 00698

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Promesa Título III

By: Yadira Jones

Signature

Yadira Torres

Print Name

Title (if Participant is not an individual)

6-octubre 2021

Date

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2021 NOV -3 PM 4:16  
CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

MEMPHIS TN 380  
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Yadira Torres  
B-18 Calle Camellia  
Alturas de Cafetal  
Yoncor P.R. 0098

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2021 NOV -3 PM 4:

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court  
Clerk's Office Chardon Ste 150  
150 Ave Carlos  
San Juan, P.R. 00918-1767

00918-1767

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Mrs. Lisle Font Matos

Participant's Address:

P.O. Box 242 Boqueron, Puerto Rico 00622

Participant's Email Address:

fontlisle@gmail.com

Name of Counsel:

-

Address of Counsel:

-

Email Address of Counsel:

-

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

164725

Nature of Claim:

Public Employee Claim

By:

Lisle Font Matos

Signature

Lisle Font Matos

Print Name

Title (if Participant is not an individual)

October 9, 2021

Date

RECEIVED & FILED  
10/11 NOV - 3 PM 4:16  
2021

CLERK'S OFFICE  
S. DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mrs. Lise Font Matis

P.O. Box 242  
Daguero, Puerto Rico

00622-0242

MEMPHIS TN 380

16 OCT 2021 PM 1 L



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2021 NOV -3 PM 4: 16

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court  
Clerk's Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, Puerto Rico 00918-1767

00918-170625

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

NORMA J. FERNÁNDEZ ESTÉVEZ  
Calle Puebla 541, Urb. Matienzo Cintón  
S.J. P.R. 00923

Participant's Address:

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

my retirement benefits affected.

By:

Norma J. Fernández Estévez

Signature

NORMA J. FERNÁNDEZ ESTÉVEZ

Print Name

Title (if Participant is not an individual)

10-3-2021

Date

RECEIVED & FILED  
2021 NOV -3 PM 4:16  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA J. FERNANDEZ  
541 PROBLA ST.  
MARIANO CIRIACO URB.  
SAN JUAN, P.R. 00923-2123

RECEIVED *John*

2021 NOV -3 PM 4:16

CLERK'S OFFICE  
U.S. DISTRICT COURT  
OF THE DISTRICT OF COLUMBIA

UNITED STATES District Court  
CLERK'S OFFICE  
150 Ave. Carlos CHARDON Ste. 150  
SAN JUAN, P.R. 00918-1767

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The logo for the United States Postal Service, featuring the words "UNITED STATES POSTAL SERVICE" in a serif font above a stylized eagle graphic.

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SAN JUAN, PR  
00936  
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AMOUNT

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pierre Moreau "Doctor Stove"

Participant's Address:

541 Puebla St. Matienzo Cintorin Urb. S.J. Puerto Rico 00923

Participant's Email Address:

docstove@coqui.net

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

RETIREMENT Benefits AFFected

By:

Signature

PIERRE MOREAU

Print Name

Title (if Participant is not an individual)

10-3-2021

Date

RECEIVED & FILED  
2021 NOV -3 PM 4: 16  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA J. FERNANDEZ  
541 PUBLIA ST.  
MARTINIQUE CITY, U.S.  
SAW JUAN, P.R. 00923-2123

A standard linear barcode is positioned vertically on the left side of the page. It is composed of vertical black lines of varying widths on a white background. The barcode is oriented vertically, running from top to bottom.

The logo for the United States Postal Service, featuring a stylized 'M' shape with the words 'UNITED STATES POSTAL SERVICE' above it.

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UNITED STATES District Court  
CLERK'S OFFICE  
150 Ave. CARLOS CHARDON Site. 150  
SAN JUAN, P.R. 00918-1767

CLERK'S OFFICE

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAVANNAH, GA.

0018-1262(20020625)

卷之三

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

GERTRUDIS CRISTINA HERNÁNDEZ MICHELS

Participant's Address:

P.O. BOX 716, MAYAGÜEZ, P.R. 00681-0716

Participant's Email Address:

DEPARTMENT OF PUBLIC HEALTH OF PUERTO RICO

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

110712

Nature of Claim:

PUBLIC EMPLOYEE CLAIMS

By:

Gertrudis L. Hernández Michel

Signature

GERTRUDIS CRISTINA HERNÁNDEZ MICHELS

Print Name

Title (if Participant is not an individual)

September 15, 2021

Date

RECEIVED & FILED  
2021 NOV - 3 PM 4:17  
CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Gertrudis Cristina HERNÁNDEZ MICHELS

**Participant's Address:**

P.O. Box 716, Mayaguez, P.R. 00681-0716

Participant's Email Address:

**Name of Counsel:**

**Address of Counsel:**

**Email Address of Counsel:**

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

110712

**Nature of Claim:**

## Public Employee CLAIMS

Bv<sup>•</sup>

Esteban C. Hernández Mierles  
Signature

Signature

*Signature*  
GERTRUDIS CRISTINA HERNANDEZ Michelis

Print Name

---

**Title (if Participant is not an individual)**

August 3, 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLARK'S OFFICE  
DISTRICT COURT  
SAN JUAN, PR

**TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS  
PARA EL DISTRITO DE PUERTO RICO**

En el caso:

**LA JUNTA DE SUPERVISIÓN Y  
ADMINISTRACIÓN FINANCIERA PARA PUERTO  
RICO,**

como representante del

**ESTADO LIBRE ASOCIADO DE PUERTO RICO *y otros,***

**Deudores.<sup>1</sup>**

**PROMESA  
Título III**

**No. 17 BK 3283-LTS**

**(Administrados en forma conjunta)**

**AVISO DE RECONCILIACIÓN ADMINISTRATIVA DE RECLAMACIONES**

**Fecha de Notificación: 15 de julio de 2021**

**Reclamante(s) designados: Hernandez Michels, Gertrudis Cristina**

**Dirección: PO Box 716**

**Mayaguez PR 00681**

**Número(s) de reclamaciones designadas: 110712**

**Cantidad(es) indicada(s) en la(s) prueba(s) de reclamación: \$16,800.00**

**Tipo de Reclamación: Empleados Públicos**

**Este aviso solo aplica a los números de reclamaciones designadas mencionados anteriormente. Lea el aviso detenidamente y discútalo con su abogado. Si no tiene abogado, puede consultar con uno.**

<sup>1</sup> Los Deudores en estos casos iniciados al amparo del Título III, junto con el número de caso respectivo de cada Deudor y los últimos cuatro (4) dígitos de su número de identificación de contribuyente federal , según corresponda, son (i) el Estado Libre Asociado de Puerto Rico (el “Estado Libre Asociado”) (caso de Quiebras núm. 17 BK 3283-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3481); (ii) la Corporación del Fondo de Interés Apremiante de Puerto Rico (“COFINA”) (caso de Quiebras núm. 17 BK 3284-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 8474); (iii) la Autoridad de Carreteras y Transportación de Puerto Rico (“HTA”) (caso de Quiebras núm. 17 BK 3567-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3808); (iv) el Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico (“ERS”) (caso de Quiebras núm. 17 BK 3566-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 9686); (v) la Autoridad de Energía Eléctrica de Puerto Rico (“PREPA”) (caso de Quiebras núm. 17 BK 4780-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3747); y (vi) la Autoridad de Edificios Públicos (“PBA”) (caso de Quiebras 19 BK 5523-LTS) (los casos al amparo del Título III figuran con números de caso de la Corte de Quiebras debido a limitaciones del software).

copia

Claim No. 114758

Creditor Name: Hernandez Michels, Gertrudis Cristina

(1) Nombre Completo	GERTRUDIS CRISTINA HERNÁNDEZ MICHELS
(2) Número de teléfono	(787) 989-1709
(3) Número de empleado	216138
(4) Agencia para la cual trabaja(ó) y fecha. Si usted fue empleado en más de una agencia, por favor identifique la agencia o agencias relacionadas a su reclamación y las fechas en que estuvo empleado por cada agencia.	DEPARTAMENTO DE SALUD PÚBLICA DE PUERTO RICO (EMPLOYER IDENTIFICATION No. 660433481) FECHAS: DESDE EL 20 DE NOVIEMBRE DE 1973 FECHA DE COTIZACIÓN PARA RETIRO: 15/MAYO/1976 FECHA RETIRO: 1 DE MAYO DE 2001
(5) Correo electrónico	
(6) Número de seguro social (últimos cuatro dígitos)	3499
(7) Número de caso administrativo o judicial, si aplica.	Incluya número de caso administrativo y/o judicial, si alguno, que haya radicado y que esté directamente relacionado a los beneficios reclamados en la Evidencia de Reclamación (Proof of Claim) # 110712
(8) Describa en detalle la naturaleza de su reclamación y los fundamentos por los cuales usted cree que tiene derecho al beneficio reclamado. Incluya páginas adicionales si es necesario.	Solicito ESTA RECLAMACIÓN POR SALARIOS y BENEFICIOS ADEUDADOS COMO EMPLEADA PÚBLICA DEL DEPARTAMENTO DE SALUD PÚBLICA DE PUERTO RICO (Public Employee CLAIMS).

\*\*\* Attach any supporting documentation you may have related to your claim. \*\*\*



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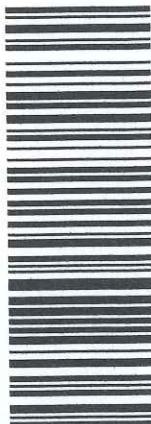
From: G.C. Hernandez Michel  
P.O. Box 716  
Mayaguez, P.R. 00681-0716

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
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MAYAGUEZ, PR

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court, Clerk's Office  
150 Ave. Carlos Chardón, Ste. 150  
San Juan, P.R. 00918-1767

23 SEP 2021 PM 5 1  
USPS



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bermudez, G5 Calle Aurora, Fajardo, PR 00738

Participant's Email Address: ruthlalinda@yahoo.com

Name of Counsel:  

Address of Counsel:  

Email Address of Counsel:  

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Ramos

Signature

Ruth Rodriguez Ramos

Print Name

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

Date

RECEIVED & FILED  
2021 MAY -3 PM 4:17  
CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

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Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bermudez, G5 Calle Aurora,

Participant's Email Address: ruthkilinda@yahoo.com Fajardo, PR 00338

Name of Counsel: —

Address of Counsel: —

Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By:

Signature Ruth Rodriguez Ramos

Print Name Ruth Rodriguez Ramos

Title (if Participant is not an individual)

Participant

15 de octubre de 2021

Date

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2021 MAY - 3 PM 4:17  
RECEIVED & FILED  
CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Rames

Participant's Address: Urb. Rafael Bernádez, G-5 Calle Aurora,

Participant's Email Address: ruthlinda@yahoo.com

Name of Counsel:   

Address of Counsel:   

Email Address of Counsel:   

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Rames

Signature Ruth Rodriguez Rames

Print Name Ruth Rodriguez Rames

Title (if Participant is not an individual) Participant

Date 15 de octubre de 2021

RECEIVED & FILED  
2021 NOV - 3 PM 4:18  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bernández, G5 Calle Aurora,

Participant's Email Address: ruth.lalinda@yahoo.com Fajardo, PR 00733

Name of Counsel:       

Address of Counsel:       

Email Address of Counsel:       

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 - LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Ramos

Signature: Ruth Rodriguez Ramos

Print Name: Ruth Rodriguez Ramos

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

Date

RECEIVED & FILED  
NOV -3 PM 4:18  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bermudez, G5 Calle Aurora, Fajardo, PR 00738

Participant's Email Address: ruthlalinda@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Ramos

Signature

Ruth Rodriguez Ramos

Print Name

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED & FILED  
2021 JULY -3 PM 4:18  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bermudez, G5 Calle Faura, Fajardo, PR 00758

Participant's Email Address: ruth/lalinda@yahoo.com

Name of Counsel:  

Address of Counsel:  

Email Address of Counsel:  

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Ramos

Signature: Ruth Rodriguez Ramos

Print Name: Ruth Rodriguez Ramos

Title (if Participant is not an individual): Participant

Date: 15 de octubre de 2021

RECEIVED & FILED  
2021 NOV - 3 PM 4: 18  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodríguez Ramos

Participant's Address: Urb. Rafael Bermúdez, G 5 Calle Aurora,

Participant's Email Address: ruthlalinda@yahoo.com

Name of Counsel:  

Address of Counsel:  

Email Address of Counsel:  

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodríguez Ramos

Signature Ruth Rodríguez Ramos

Print Name Participant

Title (if Participant is not an individual)  

Date 15 de octubre de 2021

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U.S. DISTRICT COURT  
SAN JUAN, PR

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Rama

Participant's Address: Urb. Rafael Bermudez, G5 Calle Aurora, Pajarito, PR 00733

Participant's Email Address: ruthkinda@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Rama

Signature: Ruth Rodriguez Rama

Print Name: Ruth Rodriguez Rama

Title (if Participant is not an individual): Participant

Date: 15 de octubre de 2021

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos

Participant's Address: Urb. Rafael Bernaldez, G5 Calle Aurora, Fajardo, PR 00738

Participant's Email Address: ruth.lalinda@yahoo.com

Name of Counsel:       

Address of Counsel:       

Email Address of Counsel:       

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Jointly Administered

By: Ruth Rodriguez Ramos

Signature Ruth Rodriguez Ramos

Print Name Ruth Rodriguez Ramos

Title (if Participant is not an individual) Participant

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ruth Rodriguez Ramos

Participant's Address:

Urb. Rafael Bermudez, G5 Calle Aurora, Fajardo PR 00738

Participant's Email Address:

ruthlalinda@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Ruth Rodriguez Ramos

Signature

Ruth Rodriguez Ramos

Print Name

Participant

Title (if Participant is not an individual)

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From: Ruth Rodriguez Ramos  
Urb. Rafael Bermudez ED & FILED  
G-5 Calle Aurora  
Fajardo, PR 00738-1804-3, PR 00738-1804-3  
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